



## TRANSMITTAL FORM

Attorney Docket No.

P180/1062RCE

2615

Re: the application ANDERSON

Confirmation: 2859

Serial No: 09/177,251

Group Art Unit: 2615

Filed: October 22, 1998

Examiner: Harris, T.

For: Method and System for Improving Image Quality of Portrait Images Using A Focus Zone Shift

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below)
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	RECEIVED AUG 12 2003 Technology Center 2600	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	31	31	0	\$18.00	\$ 0.00
Independent Claims	7	7	0	\$84.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Janyce R. Mitchell, Reg. No. 40,095
Signature	
Date	August 7, 2003

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: August 7, 2003	
Type or printed name	Grace Alicea
Signature	



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8-15-03  
K

Attorney Docket No: P180/1062RCE

CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 7, 2003.

Grace Alicea

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of:

Date: August 7, 2003

Eric C. ANDERSON

Confirmation No: 2859

Serial No. 09/177,251

Group Art Unit: 2615

Filed: October 22, 1998

Examiner: Harris, Tia M.

For: METHOD AND SYSTEM FOR IMPROVING IMAGE QUALITY OF  
PORTRAIT IMAGES USING A FOCUS ZONE SHIFT

**RECEIVED**

AUG 12 2003

Technology Center 2600

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action having a mailing date of May 7, 2003, please amend the above-identified application in the following manner:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 15 of this paper.